



Lamphere Basketball Camp



We are offering a spring camp for boys and girls **entering grades 3-8** that are interested in playing basketball. The camp will be both fun and fundamental. Sam Hines, the Lamphere Varsity Boys Coach, will bring his 10+ years of experience to camp along with the Lamphere High School Varsity Basketball team to develop individual skills. Campers will learn techniques, drills, play games, and compete, with a promise that it will be fun! Each camper will also receive a t-shirt.

Dates: **May 18 -19 (2 days)**

Times: **Grades 3 – 5** (12 pm – 3 pm) and **Grades 6 – 8** (3 pm – 6 pm)

Cost: **\$60.00**

Location: LHS Gym

Register by May 11 to receive a t-shirt!

T-shirt Size (circle one)

Youth: Small Medium Large

Adult: Small Medium Large X-Large

Student Name: _____

Parent Name: _____

Student Date of Birth: _____ 2019/2020 Grade: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Tuition Amount: _____ Check # _____

Make check payable to Lamphere High School

**Mail with forms to: Russ McKenzie
610 W. 13 Mile Road
Madison Heights, MI 48071**

LAMPHERE HIGH SCHOOL



Home of the
RAMS

Name of Camper: _____ DOB: _____

Content to Treat

List any medical conditions that camp personnel should be aware of: (PLEASE USE ADDITIONAL PAGES AS NECESSARY)

List any medication currently taking:

List any allergies:

In case of emergency please contact:

_____	_____
Name	Daytime phone

_____	_____
Name	Daytime phone

_____	_____
Medical Insurance	Company Phone

Insurance Policy Number(s)

I hereby give my permission for LHS sports medicine athletic trainers, and staff to provide any needed medical treatment for my son/daughter while he/she is attending the sports camp. I specifically, give my permission for necessary and emergency care to be given to _____ (name of camper) by a medical treatment provider. I attest that my son/daughter has had a physical within the last twelve months and that the physical disclosed no medical conditions, other than those listed above, that would make participation in this sports camp a risk.

I hereby acknowledge that participation in this sports camp and related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of personal injury. I, on behalf of my son/daughter, hereby assume all such risk.

Signature (Parent or Guardian)

Date



The Lamphere Schools Media Release Form

Throughout the school year students attend programs, activities, field trips and events along with normal classroom routines that support their education, promote community service or encourage positive behavior.

With the Principal's approval, occasionally, staff, parents and local media cover these events by taking photographs or video. This may include newspaper, television, websites or other media production. This also includes our school's website and classroom and club web pages.

By signing below, you agree that you have been notified of the possibility that your student may be included in photographs or video and authorize the use for public print, display or broadcast.

Please indicate your preferences by checking the appropriate box.

☐

I do give permission for my child's name or photograph to be used for any school related public media, the school's website and yearbook.

☐

I do not give permission for my child's name or photograph to be used for any school related public media, the school's website and yearbook

Student Name: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____